

225831

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

James King dba Kings Limo Service

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER 2010 - 300 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: James Eugene King

Telephone:

843-893-2472 or 843-866-340

Address:

181 David St

Fax:

Walterboro S.C. 29488

Other:

943-866-3379

Email:

King J.E. @ LowCountry.Com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☒ Application - Class C Limo

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other:

RECEIVED

SEP 01 2010

PSC SC  
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

Date: 8/16/2010

CLASS C - CHARTER

RECEIVED

AUG 31 2010

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

James E. King dba King\* Limc Service

181 David St Walterboro SC 29488

Street Address of Applicant

Mailing Address of Applicant if different from street address

843-893-2479 - 843-866-3401

Phone

Fax

King JE @ Low Country .com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

925

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month 8/16 Year 2010

**Assets:**

Cash	3,000.00
Receivables	
Real Estate	100,000.00
Buildings and Equipment (Net)	7,000.00
Motor Vehicles (Net)	20,000.00
Garage Equipment (Net)	15,000.00
Machinery and Tools (Net)	5,000.00
Supplies on Hand	3,000.00
Prepays and Other Assets	
<b>Total Assets</b>	<b>153,000.00</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	0
Notes Payable	0
Mortgages Payable	650.00
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	utility + Insurance - 1000.00
Other Liabilities	0
<b>Total Liabilities</b>	<b>1,650.00</b>
Capital Stock	
Retained Earnings	
<b>Total Equity</b>	
<b>Total Liabilities and Equity</b>	<b>1,650.00</b>

## PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

\$70.00 per Hr 3 Hr minimum  
or set \$250.00 For 3 Hr

Counties to be Served: Colleton, Charleston, Beaufort, Berkeley, Dorchester,  
Orangeburg, Columbia, etc. Statewide

per conversation  
w/ Mr. King  
change to  
Statewide  
9/1/10

Maximum Number of Passengers per Vehicle:

10

## DESCRIPTION OF EQUIPMENT

[illegible]

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

King Limo Services

Name of Motor Carrier

181 David St. Walterboro, SC 29488

Address of Motor Carrier

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$

622.00

Limits

50,000/100,000/25,000

The above quoted premium is for a term of 6 months.

**Minimum Limits - Intrastate Only:**

1-7 Passengers \$ 25,000/50,000/25,000

8-15 Passengers \$ 25,000/100,000/25,000

Progressive Northern Insurance

Name of Insurance Company

747 Alpha Drive Highland Heights, OH

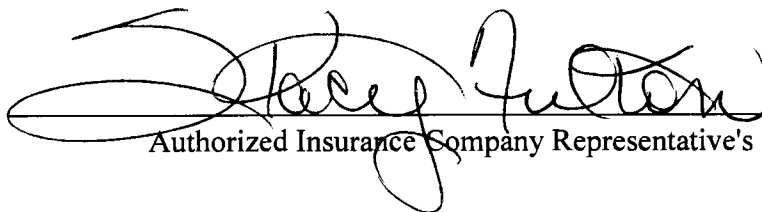
Home Office Address of Company

44143

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

8-16-10

Date



Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

CORNER INS STORE  
36 HIERS CORNER RD  
WALTERBORO, SC 29488  
843-542-2853

**PROGRESSIVE**

**Policy number: 04737312-0**

Underwritten by:  
PROGRESSIVE NORTHERN INSURANCE CO  
August 16, 2010  
Page 1 of 1

## Certificate of Insurance

Certificate Holder	Insured	Agent
JAMES KING 181 DAVID ST WALTERBORO, SC 29488	JAMES KING ROSEMENIA KING 181 DAVID ST WALTERBORO, SC 29488	CORNER INS STORE 36 HIERS CORNER RD WALTERBORO, SC 29488

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Effective Date: Jun 4, 2010

Policy Expiration Date: Dec 4, 2010

Insurance coverage(s)	Limits
BODILY INJURY/PROPERTY DAMAGE	\$50,000/\$100,000/\$25,000
UNINSURED MOTORIST BODILY INJURY	\$50,000/\$100,000
UNDERINSURED MOTORIST BODILY INJURY	\$50,000/\$100,000

### Description of Location/Vehicles/Special Items

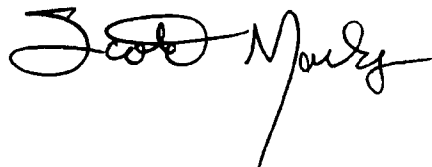
#### Scheduled autos only

1995 LINCOLN TOWN CAR EXECUT 1LNLM81W0SY702743	Stated Amount	\$7,000
UNINSURED MOTORIST PROPERTY DAMAGE	\$25,000 W/\$200 DED	
UNDERINSURED MOTORIST PROPERTY DAMAGE	\$25,000 W/\$0 DED	
COMPREHENSIVE	\$500 W/\$0 GLASS DED	
COLLISION	\$500 DED	

#### Certificate number

22810NET312

Please be advised that certificate holders will be notified in the event of a mid-term cancellation.



## Exhibit FWA

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Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☒ Yes                      ☐ No

If Yes, indicate nature of judgement(s) against applicant.

*presently paying off Tax lien*

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes                      ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes                      ☐ No



### **Exhibit on Driver Qualifications**

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Charter Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Charter Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA )

COUNTY OF \_\_\_\_\_ )

James E King  
Applicant's Signature

I, Self, \_\_\_\_\_  
Name of Applicant's Representative Title

of \_\_\_\_\_,  
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

James E King  
Signature of Applicant's Representative

SWORN TO BEFORE ME  
This 23 day of SEPTEMBER, 2010  
Ronnie Lamb, Sr.  
Notary Public  
Commission Expires 12  
